during the last five years and in which State that amount was spent?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) The implementation of the Directly Observed Treatment Short-Course (DOTS) strategy involves several input which apart from upgrading management skills also include strengthening/creation of microscopy centre, training of staff, recruitment of additional staff, minor construction works, and procurement and supply of disposables in each of the Districts.

(c) WHO has provided Technical assistance in this regard except during the year 1982-83, where it provided an assistance of US $ 8,91,183 to Central Government for the TB Control Programmes.

Lifting the ban on non-iodised salt

2652. SHRI SANJAY NIRUPAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are considering to lift the ban on non-iodised salt in the country;

(b) whether Government have received any representation for lifting the ban; and

(c) if so, Government's response thereto?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) The Government issued a notification under Prevention of Food Adulteration Rules, 1955 stipulating that salt sold for direct human consumption has to be compulsorily iodised. This became effective from 27.5.98. The statutory process prescribed under the Prevention of Food Adulteration Act & Rules thereunder was fully observed and the measure was taken in the interest of public health and on the technical advice of health experts. Recently, the Andhra Pradesh High Court has issued orders suspending the notification and the matter is sub-judice.

(b) Yes, Sir.

(c) Iodated salt is compulsorily used in 90 countries of the World. The ban on the use of non-iodated salt for human consumption was already in force throughout the country except in two States where the ban was partial and in one State which had not banned such sale.

Ayurvedic and Homoeopathic treatment

2653. SHRI SOLIPETA RAMACHANDRA REDDY: SHRI BHAGABAN MAJHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have a proposal to popularise Ayurvedic and Homoeopathic treatment in the country;

(b) if so, the steps taken in that direction during the Eighth Five Year Plan; and

(c) the details of strategy proposed to be adopted for the purpose in every state during the Ninth Five Year Plan?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) The details are annexed. [*See* Appendix 184, Annexure no. 77]

(c) A Working Group was set up by the Planning Commission to prepare proposals for the Development and Promotion of the Indian Systems of Medicine and Homoeopathy for the 9th Five Year Plan period. The Working Group identified areas of intervention such as standards of education, standardisation of drugs and quality control, enhancing the availability of raw materials, research and development, involvement in the National Health Care Delivery. The 5th Conference of Control Council of Health and Family Welfare held from 8th to 10th January, 1997 and the Ist Conference of the Ministers of Health dealing with Indian Systems of Medicine

and Homocopathy held on 18.2.1997 adopted certain resolutions around the thrust of areas for implementation. The Department's plan proposals for the 9th Five Year Plan have been prepared keeping in view these resolutions. A copy of the resolutions adopted is enclosed. [*See* Appendix 184, Annexure No. 78]

राजस्थान को डी०डी०टी० की आपूर्ति

2654. **डा० महेश चन्द्र शर्मा:**
श्री ओंकार सिंह लखावत:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या मलेरिया रोधी कीटनाशक अर्थात् डी०डी०टी० की आपूर्ति केन्द्रीय सरकार द्वारा की जाती है;

(ख) यदि हां, तो वर्ष 1998 में राजस्थान के लिए डी०डी०टी० की अनुमानित आवश्यक मात्रा कितनी है;

(ग) यदि नहीं, तो अभी तक डी०डी०टी० की आपूर्ति न किए जाने के क्या कारण हैं और क्या देरी से आपूर्ति किए जाने की वजह से 15 मई, 1998 से शुरू होने वाला छिड़काव कार्य प्रभावित नहीं होगा; और

(घ) केन्द्रीय सरकार द्वारा डी०डी०टी० की आपूर्ति कब तक सुनिश्चित कर दी जाएगी?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई): (क) जी, हां।

(ख) जानपदिक रोग विज्ञानी और कीटविज्ञानी मापदण्डों के आधार पर 1998-99 के दौरान राजस्थान के लिए उन क्षेत्रों की 80 लाख जनसंख्या को, जहां डी०डी०टी० के छिड़काव को उपयोगी समझा गया है, कवर करने हेतु राष्ट्रीय मलेरिया उन्मूलन कार्यक्रम निदेशालय द्वारा डी०डी०टी० की अनुमानित जरूरत 1200 मिट्रिक टन निकाली गई है। इसके अतिरिक्त केन्द्रीय स्वास्थ्य सचिव की अध्यक्षता में गठित ग्रुप द्वारा बाढ़ों, प्रकोपों आदि जैसी आपात स्थितियों से निपटने के लिए राज्य के लिए 550 मिट्रिक टन की मात्रा का आदेश दिया गया है।

राज्य सरकार के पास उपलब्ध 735 मिट्रिक टन के भण्डार को देखते हुए 1998-99 के दौरान राजस्थान राज्य के पास उपलब्ध होने वाली डी०डी०टी० की कुल मात्रा 2485 मिट्रिक टन होगी।

(ग) और (घ) 1998 के दौरान छिड़काव कार्य राजस्थान सरकार के पास पहले ही उपलब्ध भण्डार से 15 मई, 1998 को शुरू किए गए। राजस्थान को आवंटित डी०डी०टी० की मात्रा की खरीद और सप्लाई की प्रक्रिया पहले ही शुरू हो गई है।

Increase in gastro-enteritis and jaundice cases in the capital

2655. DR. MOHAN BABU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether gastro-enteritis and jaundice cases are no the increase in the capital; if so, the details thereof;

(b) the number of cases registered in various hospitals in the Capital during the last six months, month-wise; and

(c) the reasons for the increase in case of the diseases and the steps taken by Government to control the disease?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) As per information received from MCD and Central Government Hospitals, there is no significant increase in Gastro-enteritis and Jaundice cases.

(b) A detailed statement showing G.E. & Jaundice cases in various hospitals during the last six months (Month-wise) is given in the statement. (*See* below)

(c) The State Health Secretaries have been advised to take following preventive measures:—

*Meetings to be organised with related government departments to ensure regular chloorination and monitoring of quality of drinking water, timely repair of water and sewage pipelines and regular garbage disposal.

*District Officers to be asked to hold similar meetings and to constitute a Task Force of Medical doctors, Drinking Water Supply Authorities, representatives of Local Bodies etc. for coordinated action and to ensure immediate response to an outbreak. Co-operation of Panchayati Raj elected Members be sought for creating awareness and for early report for cases.